

**Arizona Department of Health Services
Teen Pregnancy Prevention Program
Class Observation Form**

Contractor: _____

Date: _____ Time: _____

Location: _____

City: _____

Instructor/Educator: _____

Curriculum: _____

Lesson Being Covered: _____

Delivered in Sequence with Fidelity: _____

Number in Class: _____ M: _____ F: _____

Attendance Sheet: Yes _____ No _____

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	Yes	Somewhat	Not Really	Comments
The behavior and words of the facilitator were positive and friendly.				
Is class participating?				
Does class seem interested?				
Was an abstinence message mentioned?				
Does educator present material from curriculum accurately?				
The facilitator demonstrated a 'values neutral' approach throughout the lesson/activity.				
Does educator have good working knowledge of materials?				
Is educator able to answer student questions accurately?				
The facilitator was clear in their instructions and directions to the group.				
The facilitator was enthusiastically involved throughout the lesson/activity.				
Facilitator intervened to positively address any conflicts within group.				
Additional Comments:				